



GOVERNMENT OF THE DISTRICT OF COLUMBIA
**OTHER POST-EMPLOYMENT BENEFITS (OPEB)
ENROLLMENT**



Select:

<input type="checkbox"/>	New Enrollment	<input type="checkbox"/>	Change	<input type="checkbox"/>	Cancellation
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EMPLOYEE INFORMATION					
Last Name		First Name		MI	
Mailing Address (Street, #)		City	State	Zip	
Phone (XXX-XXX-XXXX)	Email	DOB (MM/DD/YYYY)	SSN (XXX-XX-XXXX)	Gender	
EMPL ID	Agency	Department		Title/Position	

HEALTH INSURANCE: An employee or family member cannot be covered under more than one DCEHB enrollment.					
Coverage Tier					
<input type="checkbox"/>	Self	<input type="checkbox"/>	Domestic Partner* (<i>partner only</i>)	<input type="checkbox"/> I waive health coverage.	
<input type="checkbox"/>	Self + 1	<input type="checkbox"/>	Domestic Partner* (<i>partner + family</i>)		
<input type="checkbox"/>	Family	<i>*Must meet 29 DCMR 8001.1</i>			
Carrier					
<input type="checkbox"/>	Aetna CDHP Aetna HMO Aetna PPO Aetna Medicare Advantage PPO	<input type="checkbox"/>	Kaiser Permanente HMO Kaiser Permanente Medicare Advantage HMO	<input type="checkbox"/>	Carefirst HMO Carefirst PPO UnitedHealthcare Choice Open Access UnitedHealthcare Medicare Advantage PPO
Dependents: List all individuals to be covered. Medical coverage is available to dependents up to age 26.					
Relation Code: 1 = Spouse 2 = Son 3 = Daughter 4 = Domestic Partner					
Name (<i>first, last</i>)		Rel.	Gender	DOB	SSN

SIGNATURE		
<p>In making this election I understand: I cannot change or revoke this enrollment at any time during the year for which this election is made unless I have a change in status (including marriage, divorce, death of a spouse/child, birth/adoption). I have 31 days from my separation date to make my first insurance payment to the carrier. Failure to make timely payments will result in my benefits being cancelled.</p> <p>If you are a retired employee age 65 or older, Medicare will serve as the primary insurance carrier regardless of your Medicare Part B enrollment status. DC Government will serve as the secondary payer and will apply the deductibles, copayments, and other plan limits and pay the remaining charges minus what Medicare Part B would have paid. You will be responsible for any charges not covered by the DC Government plan.</p> <p><i>Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.</i></p>		
Signature:		Date:
Signature of Authorized Agency Official:		Date:
Agency:	Date Processed:	Date Effective:

CONTACT
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